9. PRIVATE DUTY NURSING (PDN)

This section describes Medicaid's coverage of PDN. It tells you about:

At the end of this section are some of the questions often asked about PDN and the answers to those questions. See PDN Q & A (page 9-20).

9.1 What PDN Covers

PDN is medically necessary continuous, substantial and complex nursing services by a licensed nurse (RN or LPN) in the patient's home. It is for patients who live in private residences. In addition to providing care in the home, the nurse may accompany a patient outside of the home when the patient's normal life activities (such as a child attending school during the day) take the patient away from the home during the day. The term "normal life activities" does not include coverage of PDN when the patient is receiving medical care in an inpatient facility, outpatient facility, hospital, physician's office or other medical care setting.

PDN is paid by the hour.

9.2 Who's Covered

Whether a patient is covered depends on four factors:

9.2.1 Type of Medicaid Coverage

A patient must be covered under:

- Regular Medicaid coverage – that is, have a **BLUE** card; or
- Pregnant Women (MPW) coverage – that is, have a **PINK** card and require PDN due to a pregnancy-related condition.

NOTE: *If a patient is a Medicaid managed care participant, a Hospice patient or a CAP client, coverage may be restricted. See Section 2 for more information.*

9.2.2 Medical Needs of the Patient

A patient must require substantial and complex continuous nursing care by a licensed nurse. This means:

- A patient care task can be done by only a licensed nurse, and
- The nursing tasks must be done so frequently that the need is continuous.

NOTE: *Having a nurse with the patient "just in case something happens" is not covered.*

The need for PDN must be documented by a patient's attending physician. The following situations represent cases that may require PDN (the list is not all-inclusive):

- A patient requires prolonged intravenous nutrition or drug therapy with needs beyond those covered by HIT services. See Section 10 for HIT coverage.
- A patient depends upon a ventilator for prolonged periods.
- A patient depends on other device-based respiratory support, including tracheostomy care, and tracheal suctioning.

9.2.3 Where PDN is Needed

PDN must be needed for a patient's care in his home. The home must be a private residence.

9.2.4 Support Available to the Patient

A patient's nursing care needs must exceed available resources. As with other Medicaid services, PDN coverage is not meant to replace help from unpaid caregivers who are capable, willing and able to provide care.

See 9.5, Step 3 for guidance on applying these requirements.

9.3 Limitations

9.3.1 Prior Approval

Prior approval is **REQUIRED**. See 9.5, Step 6 for information concerning the prior approval process.

9.3.2 Amount of Service

The amount of service is limited to that which is medically necessary and approved by DMA. See 9.5, Step 6.

9.3.3 Other Limitations

Payment is restricted in relation to the following services:

- **Hospice Care**: A patient receiving Hospice under Medicaid or Medicare may not receive PDN services related to the treatment of the terminal illness. If a patient meets the requirements of both services, he may choose which service he wishes to receive.

- **Personal Care Services (PCS), Skilled Nursing Visits and Home Health Aide Visits**: PDN may not be provided during the same time period as any of these services. For example, if PCS, a home health aide visit or a skilled nursing visit is provided to a patient from 8:00 a.m. to 9:00 a.m., you may not bill for PDN for that hour.

- **HIT**: A patient may not receive HIT drug therapy if he receives PDN services. HIT nutrition therapy may be provided at the same time as PDN services, with the PDN nurse providing any needed nursing care. See Section 10 for HIT coverage.

See 9.6 for guidance on coordinating with other services.

REMEMBER: *Participation in a Medicaid managed care program or CAP may also limit coverage.*

9.4 Who May Provide PDN

You may provide PDN if you are enrolled with DMA as a PDN provider.

9.4.1 Agency Qualifications

Your agency must be a home care agency licensed by the Division of Facility Services to provide nursing services. The office providing care must be the licensed office enrolled with Medicaid as a PDN provider.

9.4.2 Nurse Qualifications

The nurse providing care must:

- Be licensed as a registered nurse or practical nurse by the state of North Carolina;
- Be able to provide the nursing care needed by a patient; and
- Not be the patient's spouse, child, parent, sibling, grandparent or grandchild. This also includes any person with an equivalent step or in-law relationship to the patient.

9.5 Getting Coverage

The following outlines the basic steps for a patient to get PDN. The steps are in the order that they are usually accomplished.

Step 1 Receive Physician Referral and Orders (HCFA-485)

A patient's attending physician identifies the need for PDN and makes a referral to you. An initial referral may be verbal. Before requesting prior approval from DMA, you must obtain a letter from the physician that substantiates the need for PDN. The letter must contain:

- The current diagnosis and the history of the illness;
- The projected date of hospital discharge if the patient is hospitalized at the time of the referral; and
- The estimated amount, frequency and duration of the service (such as, 8 hours per day, 7 days per week for 30 days).
- The expected nursing interventions with the frequency of those interventions specified.

Step 2 Verify Medicaid Eligibility

Follow the steps in Section 3 to verify Medicaid eligibility. When checking the color of a patient's Medicaid ID card, remember the following:

Blue: A patient may be considered for PDN.

Pink: Covers only pregnancy related services. PDN is usually not covered. You may call the Home Care Initiatives (HCI) Unit at DMA for questions about PDN coverage.

Buff: A patient is not eligible for PDN.

REMEMBER:

1. *Check all other key information on the card – such as eligibility dates, insurance information and other important items noted in Section 3. If the card shows that the patient participates in a Medicaid managed care program or CAP, coverage may be restricted. See Section 2.*
2. *If the patient's situation indicates a possibility of Hospice participation, check AVR for Medicaid Hospice participation and inquire about Medicare participation.*
3. *If the patient is approved for PDN, establish a procedure to check the patient's Medicaid status monthly. This includes verifying Medicaid eligibility; being alert to participation in a Medicaid managed care program, Hospice or CAP; and changes in insurance coverage. Promptly notify the HCI Unit of any changes.*

Step 3 Assess Appropriateness

As you consider providing PDN, use the criteria in 9.2 to determine if PDN is appropriate. If you need guidance on the criteria, contact the HCI Unit at DMA. Key points are:

- **Does the patient require substantial and complex continuous nursing care?** Look at the need for continuous nursing care by a licensed nurse. Consider if the care could be met by other services, including the other Community Care Services contained in this manual.

- **Is there private insurance or another source to pay for care?** Remember that Medicaid pays after private insurance and other payers; therefore, determine if there is other insurance coverage before requesting Medicaid coverage. In addition to noting the coverage information on the Medicaid ID card, ask the patient about other insurance. If there is other coverage, contact the insurer to verify benefits.

  - If the insurance coverage is based on medical necessity and the payment rate equals or exceeds the Medicaid rate, Medicaid coverage is not available. If a patient or his physician believes the insurance coverage is inadequate, and that additional coverage is available under the policy, the patient and/or physician is expected to resolve the issue with the insurer.

    EXAMPLE: *A patient's physician recommends 16 hours of PDN per day. The patient's insurance policy covers up to 24 hours of nursing per day; however, the insurer rules that only eight hours per day are medically necessary. Medicaid is asked to cover the other eight hours. Medicaid PDN is not appropriate for the extra eight hours. The patient and/or physician should appeal the insurer's determination.*

  - If the insurance coverage is inadequate – either the policy has daily, weekly or monthly limits that are less than the physician states is medically necessary *or* the insurer's maximum payment is less than your usual and customary charges, and less than the Medicaid rate – you may request Medicaid coverage. Send insurance coverage information with the request. DMA will approve the medically necessary care according to Medicaid policy. Bill private insurance prior to billing Medicaid and show the insurer's payment on your Medicaid claim. See Step 7 for information about the approval notice.

  NOTE: *Many private insurers have preferred provider networks - either requiring care from a network provider or giving the patient an option of using an out-of-network provider at an additional cost to the patient. Medicaid coverage is not available to cover the cost of out-of-network care.*

- **Are there other sources of assistance?** Look at the care available from other sources. For example, if family members are capable, willing and able to provide care, their help must be considered when determining the need for PDN.

- **Is PDN required to care for the patient at home?** Review the nursing care needed to support the patient at home. A patient who needs PDN is normally unable to leave home without being accompanied by a licensed nurse. Note that the need for nursing care to participate in activities outside of the home is not a basis for authorizing PDN services or expanding the hours needed for PDN services.

  EXAMPLE: *The needs of a medically fragile child are met at home by the child's parents. The parents are considering placing the child in day care; however, the facility will take the child only if a nurse accompanies him to the center. The child is not eligible for PDN, as there is no need for the service in the home.*

Use the examples in the following situations to help guide your decisions

Situation 1: *A young stroke victim, who lives with her family, requires enteral nutrition. The family provides all of her care; however, PDN is requested to administer tube feedings on occasion when the family has scheduling problems. PDN is not appropriate in this situation because there is not a need for continuous, complex nursing care.*

Situation 2: *A 52-year old man, who lives with his wife, has residual weakness from an earlier occurrence of polio. The patient also has poor cerebral circulation, grand mal seizures and obstructive sleep apnea. He is ventilator dependent 12 hours each day. Someone must constantly monitor the ventilator. The wife gets occasional help from the man's two sisters, but she is the primary caregiver. She needs some regular relief. PDN may be considered due to the need for continuous, complex care.*

Situation 3: *An infant has congenital abnormalities of her heart, lungs and gastrointestinal tract. Due to her chronic respiratory disorder, she has a tracheostomy and needs supplemental oxygen. She receives tube feedings continuously by pump. The mother is a single parent who gets some assistance from the child's grandmother. The mother wants PDN to care for the child when she and the grandmother are at work. PDN may be considered due to the need for continuous, complex care.*

Situation 4: *A 5-year-old boy, who lives with his grandmother, has severe congenital abnormalities affecting multiple body systems. He receives frequent small gastrostomy tube feedings day and night. He has a tracheostomy and, requires close monitoring and frequent suctioning. The grandmother, with the help of two close friends, is able to meet all of the child's needs except for seven hours per day on Monday, Wednesday and Friday. PDN may be considered due to the continuous complex nursing needs when the caregivers are not available.*

Situation 5: *A 14-year-old, who lives with his parents, had meningitis as an infant, resulting in left hemiparesis and contractures. He is mentally retarded and hydrocephalic. His care needs include feedings and medications four times per day through a gastrostomy tube, and range of motion exercises twice a day. His mother cares for him during the day while the father is at work. Both parents are in the home at night, but they would like to have a nurse to assist with the care at night. PDN is not appropriate, as the need for nursing is not continuous.*

Step 4 Resolve Questions and Concerns

You may have insufficient information or questions after your review. Contact the patient, the patient's family, the physician or other appropriate sources to resolve these issues before proceeding.

Step 5 Determine if Retroactive Coverage is Needed

You may request retroactive coverage for up to 30 days prior to the date that you send the initial request to the HCI Unit.

- Your letter requesting retroactive coverage must include the time period for coverage and the reason(s) for the request.
- You must have provided PDN according to Medicaid criteria and guidelines during the retroactive period.
- DMA approves the hours and days of coverage that it determines is appropriate for the retroactive period. This may be less than the hours that you requested and provided.

CAUTION: *Approval of retroactive coverage for PDN does not ensure a patient's Medicaid eligibility for the retroactive period.*

Step 6 Request Approval

You must get prior approval from the HCI Unit at DMA. The HCI Unit approves the number of hours per day and days per week that PDN services may be provided to a patient. The Unit also determines the length of time services may continue. It enters information into the EDS claims processing system that allows payment for the approved hours.

REMEMBER: *Prior approval authorizes payment only if the patient is Medicaid eligible. Prior approval neither ensures Medicaid eligibility nor waives other prerequisites to payment, such as billing third party payers prior to Medicaid. You must verify Medicaid eligibility and meet other reimbursement responsibilities.*

Step 6a Prepare Referral Form

Prepare the form using the sample in Illustration 9-1 as a guide. You may obtain copies of the form by calling the HCI Unit. The unit will fax or mail a copy of the form to you for you to reproduce and use.

Step 6b Send Request to HCI Unit

Mail or FAX the referral form, along with the other required items, to the HCI Unit. See Appendix B for the HCI Unit's address and FAX number.

- **Who Sends Request:** You may send the request to DMA. The patient's attending physician or hospital personnel in coordination with your agency may also send the request.

- **When to Send Request:** Send the request prior to the need for services to allow time for approval. Usually, approvals can be done within 72 hours after receipt of all requested information. If you begin services before receiving approval, you do so at your own risk.

- **What to Include:** Send the following items with the HCI referral form.

  - Information concerning other insurance coverage of PDN. See Step 3.

  - The physician's letter with the information outlined in Step 1.

  - If retroactive approval is requested, include the time period requested for coverage and the reason(s) for the request. See Step 5.

  - If you want to add information to help explain the need for PDN, include it in a cover letter.

REMEMBER: *Enter the patient's name and Medicaid ID number on all correspondence the same as they appear on the Medicaid ID card.*

Step 7 Wait for DMA Action

The unit will either approve services, schedule a visit to assess appropriateness, or deny services.

DIVISION OF MEDICAL ASSISTANCE
HCI UNIT, COMMUNITY CARE SECTION
2502 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-2502
PHONE: (919) 857-4021 FAX: (919) 715-9025

PDN PRIOR APPROVAL REFERRAL FORM

Please submit the PDN referral form along with a doctor's letter of medical necessity when requesting Private Duty Nursing.

PATIENT INFORMATION

Name:_____ **MID#:**_____
Address:_____ **Medicare #:** _____
_____ **Birth Date:** _____ **Sex:** _____
_____ **Phone Number:**_____

CAREGIVER INFORMATION

Name:_____ **Phone Numbers (W)**_____
Address:_____ **(H)** _____
_____ **Relationship to Patient** _____
_____ **Hours/Day Available to Care for Patient** _____

PHYSICIAN INFORMATION

Attending's Name:_____ **Phone Number:**_____
Address:_____ **Names & Phone # of Other Physicians Ordering Care**
_____ _____
_____ _____

NURSING AGENCY INFORMATION

PDN Agency:_____ **Contact Person :**_____
Address:_____ **Phone Number :**_____
_____ **PDN Provider Number:** 7100_____
_____

INSURANCE INFORMATION

Insurer's Name:_____ **Policy/ID Number :**_____
Insurance Company Contact and Phone Number:_____
Amount of PDN covered by insurance:_____

MEDICAL INFORMATION

Primary and Secondary Diagnoses that support the need for PDN:_____
_____
Primary Nursing Interventions and the frequency these are performed:_____
_____
_____
_____
_____
Number of PDN hours requested per day:_____ **For how many days/weeks?**_____

Referred by (Name) _____ **(Title):**_____
Agency _____ **Phone:**_____

- **Approval:** If the HCI Unit approves PDN, it enters information into the claims system to allow payment, and sends you an approval letter. The Unit sends a copy of the letter to the patient and attending physician. The letter specifies:

  - The patient's name and Medicaid ID number.

  - The name of the authorized PDN provider agency.

  - The number of hours per day and days per week that are approved. This is the total number of hours per day that DMA believes is appropriate within Medicaid policy. The approval does not give you the authority to bill Medicaid in lieu of other payers. If a patient has private insurance coverage, bill the private insurer prior to billing Medicaid.

    EXAMPLE 1: *The documentation supports that the patient needs 16 hours per day of nursing care according to Medicaid criteria. The patient's insurance policy contains a limit of 8 hours per day. DMA's approval letter will show approval for 16 hours per day of potential coverage with the expectation that the PDN agency will bill the private insurer prior to billing Medicaid and show the private insurer's payment on the Medicaid claim.*

    EXAMPLE 2: *The documentation supports that the patient needs 8 hours per day of nursing care according to Medicaid criteria. The patient's insurance will cover the 8 hours at no more than $20.00 per hour. The PDN agency's rate is $30.00 per hour. DMA's approval letter will show approval for 8 hours per day of potential coverage. The PDN agency bills the private insurer prior to billing Medicaid. When filing the Medicaid claim, the PDN agency computes its charges based on the agency's $30.00 per hour rate and enters the private insurer's payment on the Medicaid claim.*

  - The starting and ending dates of the approval period. The starting date for coverage is the latter of the date of the approval letter and the date of hospital discharge, unless retroactive coverage is authorized. The approval period usually is 30 or 60 days, depending on the situation.

  - The date that reassessment information must be recevied by the HCI Unit if continued services are requested. The date is five days before the end of the approval period.

- **Denial:** If the HCI Unit denies PDN, you are sent a denial letter. The Unit sends a copy to the patient and the attending physician. The letter states the reason for denial, and, if appropriate, includes information about the patient's right to request a reconsideration hearing.

- **Visit:** If the HCI Unit believes that an on-site assessment is needed, it will schedule a visit.

  - **Scheduling:** the HCI Unit calls the referral source to schedule the visit. The visit usually occurs within five workdays after the contact.

  - **Location of Visit:** The visit is made to the hospital and/or the patient's home.

  - **Decision:** The HCI Unit will send an approval or denial letter, usually within three workdays after the visit.

NOTE: *The time frames given for DMA's actions are estimates that are provided as a guide. The HCI Unit always acts as quickly as possible; however, staff resources, travel requirements and other factors affect the time needed for each action.*

9.6 Coordinating Care

Coordinate services to ensure the best care for the patient while avoiding duplication or overlap.

- **Home Health Therapy Services:** Physical, occupational and speech therapy may be provided during the same time period as PDN. Each service must be included in the POC. See Section 5 for Home Health Services.

- **Equipment:** Durable medical equipment may be provided by an enrolled DME supplier. Refer to the following information on HIT services for equipment associated with HIT.

- **PCS, Skilled Nursing Visits and Home Health Aide Visits:** These services are not usually required for PDN patients. If one is provided, do not schedule PDN during the same time period. For example, if PCS is provided from 8:00 to 9:00 a.m., you may not bill Medicaid for PDN for that hour. Coordinate care with the provider agencies. See Section 6 for PCS and Section 5 for Home Health.

- **HIT:** If a patient requires an infusion therapy, nursing care is provided by the PDN nurse or by the patient's caregiver.

    - **Drug Therapy:** The related equipment for drug therapy comes through a DME supplier. The drugs are provided through Medicaid's pharmacy coverage.

    - **Enteral Nutrition:** The equipment, supplies and nutrients for enteral nutritional therapy are provided through DME or HIT.

    - **Parenteral Nutrition:** The related equipment, supplies and nutrients for parenteral nutritional therapy are provided through HIT.

See Section 2 for DME, Section 5 for Home Health Services, and Section 7 for HIT coverage.

9.7 Delivering, Documenting and Supervising Care

Provide PDN care as approved by DMA. Make sure that qualified licensed nurses are assigned to the patient. Documentation required to support your billing includes nursing notes that fully document the provision of the service and the care and treatment provided to the client. The notes must establish when the care was provided, document all nursing interventions (time, activity and results), and substantiate that care was provided according to the physician's orders and the HCI Unit's approval. In addition to providing documentation for billing, nursing notes are periodically reviewed by the HCI staff to determine the continuing need for PDN. Supervise the delivery of PDN according to all applicable laws, regulations and professional practices. Make sure that you have orders for the time that you provide care and the specific interventions that the nurse will be performing.

CAUTION: *Do not bill supervisory visits to Medicaid.*

9.8 Monitoring Care

The physician and the PDN agency monitor a patient's care and initiate any appropriate changes.

9.9 Hospitalizations

When the patient is admitted to the hospital due to a change in his medical condition, notify the HCI Unit prior to hospital discharge. There is no need to contact the HCI Unit when a patient is admitted to the hospital for routine procedures or diagnostic tests; however, you are always welcome to contact the HCI staff to discuss a case at any time.

9.10 Changing Hours

Whenever the amount of care needs to be changed, contact the HCI Unit for approval. Promptly notify the unit in writing about needed changes. Information may be sent by FAX for emergency changes. Include specific information regarding changes in the patient's medical condition and include a copy of the signed physician's supplemental order. The HCI Unit may accept a copy of your verbal order from the physician if a signed copy cannot be obtained in a timely manner. Report emergency changes that occur outside of regular working hours by phone the next workday. Send written follow-up reports as requested.

The HCI Unit will notify you of its decision. A copy of the written notification is also sent to the patient and attending physician. When services are modified or terminated, the notification includes the reason for the action and, when appropriate, gives the patient the opportunity to request reconsideration. If the change leads to a termination, the HCI Unit will follow the procedures in 9.13.

NOTE: *You do not need to contact the HCI Unit when the patient has a temporary decrease in PDN hours for five days or less due to such occurrences as a temporary increase in family support or a brief staffing problem. For example, if during the Christmas holidays, additional family members are available to help care for the patient, and the patient and his family wish to temporarily reduce the hours, document the reason for the decrease in your records, and bill only for the PDN that is provided.*

9.11 Renewing Approval

A reassessment of the need for PDN is required for each patient who wants to receive care beyond his current approval period. The reassessment consists of a review of information submitted by the provider agency. DMA may request additional information from the attending physician and/or visit the patient.

- **When Due:** Fax or mail the reassessment information to the HCI Unit by the due date specified in the approval letter. Because the information must reflect the patient's current status, do not finalize the information or send it more than five workdays before the due date.

- **What to Include:** Send the following information concerning the patient's current status to the HCI Unit. In addition, a brief cover letter noting any additional information (such as patient improvement, problems with care, the need for change in services and similar information) is helpful.

  - A copy of the HCFA-485 that clearly shows the physician's signature and the date of the signature. Signature stamps are not acceptable. Complete the form according to the instructions in Illustration 9-2. See Illustration 9-3 for a sample form.

  - Updated medical information as described in the instructions for the PDN Medical Update sample format – see Illustration 9-4 for the instructions and Illustration 9-5 for the sample format. You have three options of how to submit the information:

    - ◇ You may use the format prepared by the HCI Unit. The HCI Unit will send you the format by mail or fax at your request.

    - ◇ You may create your own agency's form that contains the same information in the same order as the sample format.

    - ◇ You may include the information in a Medical Update and Patient Information form (HCFA-486) completed according to the instructions in Illustration 9-6. Illustration 9-7 shows a sample of the HCFA-486.

    NOTE: *DMA does not provide HCFA-485s or HCFA-486s.*

HOW TO COMPLETE THE HCFA-485 FOR PDN	
1. Patient's HI Claim No.	Enter the patient's Medicaid ID number from the Medicaid ID card.
2. SOC Date	Enter the date that your agency started PDN for the patient, regardless of payer source.
3. Certification Period	Leave blank
4. Medical Record No.	For your use - may be left blank
5. Provider No.	Enter your office's PDN provider number (seven digits).
6. Patient's Name and Address	Enter the patient's name and address that is on the Medicaid ID card.
7. Provider's Name, Address and Telephone Number	Enter your agency's name and address as it is on your Medicaid PDN provider agreement, plus your phone number
8. Date of Birth	Enter the patient's date of birth - month, day, year
9. Sex	Check the appropriate block to indicate the patient's sex.
10. Medications	List the current medications ordered for this patient.
11. ICD-9-CM, Principal Diagnosis, Date	Enter the information about the diagnosis that is the primary reason for providing PDN - enter the ICD-9-CM code, diagnosis and onset date.
12. ICD-9-CM, Surgical Procedure, Date	If the need for PDN is related to a surgical procedure, enter the ICD-9-CM code, surgical procedure and the date of the procedure.
13. ICD-9-CM Other Pertinent Diagnoses, Date	If there are other diagnoses pertinent to the need for PDN, enter the ICD-9-CM code, diagnosis and date of onset for each one.
14. DME and Supplies	List DME and supplies provided to the patient.
15. Safety Measures	Indicate any safety measures required for the patient.
16. Nutritional Req.	Indicate the physician-ordered diet.
17. Allergies	List the patient's allergies. If you know of none, enter "None known".
18A Functional Limitations	Check any functional limitations.
18B Activities Permitted	Check all activities that are permitted.
19. Mental Status	Check the blocks that best describe the patient's mental status.
20. Prognosis	Check the block that best describes the patient's prognosis.
21. Orders for...	List the treatments, skills and interventions as ordered by discipline. Describe special orders and procedures that complicate the implementation because of patient/caregiver problems. Information should reflect diagnosis, clinical findings, assessment and treatment goals.
22. Goals/Rehabilitation Potential...	List the goals with measurable criteria that can assist in discharge planning or goal achievement. State rehab potential if applicable.
23. Nurse's Signature and...	Leave blank.
24. Physician's Name...	Enter the physician's name and address.
25. Date HHA...	Optional. The agency may use this blank for the date it receives the signed 485 from the physician.
26.	Not applicable for PDN.
27. Attending Physician's Signature/Date Signed	The physician signs and enters the date signed. (Signature stamps are not acceptable.) If the physician does not date the 485, you may complete **25** according to the above instructions or send the 485 back to the physician for the date to be entered.

Illustration 9-2 – HCFA-485 Instructions for PDN

Department of Health and Human Services
Health Care Financing Administration

Form Approved
OMB No. 0938-0357

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
900 00 0000 S		From: 101598 To: 121598	1000	7100000

6. Patient's Name and Address
Jane S. Doe
100 Any Street
Anytown, North Carolina 28000

7. Provider's Name, Address and Telephone Number
Good Nursing Care
502 Any Street
Anytown, North Carolina 28000
(910) 444-4444

8. Date of Birth | **9. Sex** ☐ M ☐ F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Dilantin 125 mg. tid via GT (CC)
Phenobarbital 22mg. bid via GT
Tylenol 10-15 mg per kilo Q 4 h prn for temp above 101 via GT
Metamucil ½ tsp. + 30 cc H2O bid via GT
Albuterol, 25 mg/2cc NS per nebulizer qid prn (N)

	11. ICD-9-CM	Principal Diagnosis	Date
		Neuromuscular Disorder	062096
	12. ICD-9-CM	Surgical Procedure	Date
		Tracheostomy	071897
	13. ICD-9-CM	Other Pertinent Diagnoses	Date
		Respiratory failure	071897
		Seizure disorder	081996

14. DME and Supplies tracheostomy care, supplies, ambu bag, O2 tubing, feeding bag, feeding pump

15. Safety Measures: Maintain patent airway, seizure precautions, O2 safety

16. Nutritional Req. Pediasure 30cc/hr. via GT

17. Allergies: PCN

18.A. Functional Limitations
1 ☐ Amputation
2 ☒ Bowel/Bladder (Incontinence)
3 ☐ Contracture
4 ☒ Hearing
5 ☒ Paralysis
6 ☐ Endurance
7 ☐ Ambulation
8 ☐ Speech
9 ☒ Legally Blind
A ☐ Dyspnea With Minimal Exertion
B ☒ Other (Specify) O2 dependent

18.B. Activities Permitted
1 ☐ Complete Bedrest
2 ☐ Bedrest BRP
3 ☒ Up As Tolerated
4 ☐ Transfer Bed/Chair
5 ☐ Exercises Prescribed
6 ☐ Partial Weight Bearing
7 ☐ Independent At Home
8 ☐ Crutches
9 ☐ Cane
A ☒ Wheelchair
B ☐ Walker
C ☐ No Restrictions
D ☒ Other (Specify) needs assist to sit

19. Mental Status: 1 ☒ Oriented 2 ☐ Comatose 3 ☐ Forgetful 4 ☐ Depressed 5 ☐ Disoriented 6 ☐ Lethargic 7 ☐ Agitated 8 ☐ Other

20. Prognosis: 1 ☐ Poor 2 ☐ Guarded 3 ☐ Fair 4 ☐ Good 5 ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
RN/LPN up to 12 hours day x 7 days week
CPT q 6 hrs and prn increased congestion
Humidified O2 at 30% via tracheostomy collar, 2L/min. via concentrator
Tracheostomy Shiley 4.0, change monthly by ~~RNB~~ nurse, Trach care daily with ½ strength H2O2
VS q 4 hrs. and prn, complete physical assessment daily
A/B monitor continuous heart alarms, 60-220, apnea alarms under 20 seconds
Pulse oximetry continuously, if less than 88% call MD
Record I&O every shift
Record seizure activity and report uncontrolled seizures to MD
Pediasure @ 30 cc/hr. continuous via GT, GT care with ½ strength H2O2
Change GT prn with #14 fr. 5cc Trach on

22. Goals/Rehabilitation Potential/Discharge Plans Pt. will be free from Respiratory infection for next 60 days
Pt. will maintain patent airway, Pt. will gain 1/2 lb. in next 60 days
Pt. will be injury free from seizures
Caregiver will be knowledgable of O2 safety, trachostomy care + A/B monitor, seizure precautions, medication administration, disease process

23. Nurse's Signature and Date of Verbal SOC Where Applicable: Karen Goodnurse RN 10/8/98

25. Date HHA Received Signed POT 10/11/98

24. Physician's Name and Address
Thomas S. Goodson, M.D.
200 Any Street
Anytown, NorthCarolina 27000

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

27. Attending Physician's Signature and Date Signed
Thomas S. Goodson, MD 10/10/98

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

Form HCFA-485 (C-3) (02-94) (Print Aligned)

PROVIDER

Illustration 9-3 – Sample HCFA-485 for PDN

Instructions on Using the PDN Medical Update Sample Format.

1. Patient Name	Enter the patient's name as it appears on the Medicaid ID card.
2. Medicaid Identification No.	Enter the patient's Medicaid ID number as it appears on the Medicaid ID card.
3. Name of the Provider Agency	Enter the name of your agency as it appears on your Medicaid PDN provider agreement.
4. PDN Provider No.	Enter your PDN provider number - it is seven digits.
5. Does the patient have other insurance?	Check the appropriate box.
6. If yes, is PDN covered?	If you checked yes to other insurance, explain if the policy covers any private duty benefits.
7. Date of Last approval period.	Enter the dates of the last PDN approval period; the beginning date through the renewal date.
8. Updated Information	Enter a summary of the PDN services during the last certification period. Create a clinical picture and state pertinent facts (include new orders, nursing tasks performed, frequency of the tasks and clinical facts).
9. Functional Limitations	Explain the patient's functional limitations, including mental and physical deficits.
10. Home/Social Environment	State caregiver situation (work hours, number of caregivers, outside responsibilities of caregivers) and any unusual situations.
11. Nurse Signature, Title and Date	Include nurse's signature, title and date the form was completed.

Illustration 9-4 – Instructions for PDN Medical Update Sample Format

PDN MEDICAL UPDATE/ PATIENT INFORMATION FORMAT

Patient Name:	**Medicaid Identification Number:**
Name of Provider Agency:	**PDN Provider Number:**
Does the patient have other insurance? ☐ Yes ☐ No	
Is PDN covered? ☐ Yes ☐ No **If yes, explain coverage**	
Date of Last Approval Period:	
Updated Information: (include new orders, nursing tasks, frequency of tasks and clinical facts)	
Functional Limitations:	
Home/Social Environment (List support from available caregivers):	

Nurse Signature and Title:_____**Date:**_____

Illustration 9-5 – PDN Medical Update Sample Format

HOW TO COMPLETE A HCFA-486 FOR PDN

1. Patient's HI Claim No.	Enter the patient's Medicaid ID number as it is on the patient's Medicaid ID card.
2. SOC Date	Enter the date that your agency started PDN for the patient, regardless of payer source.
3. Certification Period	Enter the dates of the last PDN approval period; the beginning date through the renewal date.
4. Medical Record No.	For your use - may be left blank.
5. Provider No.	Enter your PDN provider number - it is seven digits.
6. Patient's Name and Address	Enter the patient's name and address as it is on the patient's Medicaid ID card.
7. Provider's Name	Enter your agency's name as it is on your Medicaid PDN provider agreement.
8. Medicare Covered	Leave blank.
9. Date Physician last...	Enter the date that the physician last saw the patient - month, day, year.
10 - 12	Leave blank.
13. Dates of Last Inpatient Stay	If the patient was hospitalized during this period, enter the dates of the hospital admission and discharge.
14. Type of Facility	Leave blank.
15. Updated Information	Enter a summary of the PDN services during this period. Create a clinical picture and state pertinent facts.
16 - 17	Leave blank.
18. Unusual Home/Social Environment	Complete if applicable.
19. Indicate...	Leave blank.
20. Specify Any Known...	Complete if applicable.
21. Nurse or Therapist...	Enter the name and title of the nurse completing the form, and the date completed.

Illustration 9-6 – Instructions for HCFA-486 for PDN

Department of Health and Human Services
Health Care Financing Administration

MEDICAL UPDATE AND PATIENT INFORMATION

1. Patient's HI Claim No.	2. SOC Date	3. Certification Period	4. Medical Record No.	5. Provider No.
900 00 0000 S		From: 08/15/98 To: 10/15/98	1000	7100000

6. Patient's Name	7. Provider's Name
Jane S. Doe 100 Any Street Anytown, N.C. 28000	Good Nursing Care

8. Medicare Covered: ☐ Y ☒ N | 9. Date Physician Last Saw Patient: | 10. Date Last Contacted Physician

11. Is the Patient Receiving Care in an 1861 (J)(1) Skilled Nursing Facility or Equivalent? ☐ Y ☒ N ☐ Do Not Know

12. ☐ Certification ☒ Recertification ☐ Modified

13. Specific Services and Treatments

Discipline	Visits (This Bill) Rel. to Prior Cert.	Frequency and Duration	Treatment Codes	Total Visits Projected This Cert.
RN/LPN	12hrs/day	12 hrs. day/ 7 days week		

14. Dates of Last Inpatient Stay: Admission Discharge | 15. Type of Facility

16. Updated Information: New Orders/Treatments/Clinical Facts/Summary from Each Discipline

Patient continues to nees PDN 12 hrs./day. Pt. received CPT every 6 hours as ordered and every 3 hours prn due to increased congestion. O_2 continues via trach collar, routine trach care done every shift and tracheal suctioning required every 2 hours due to increased secretions. A/B monitor and pulse oximetry monitored continuosly for changes in O_2 sats. or heart rate. Administered Pediasure via gastrostomy tube continuosly at 30cc/hr, feeding monitored and residual checked every four hours. G tube care done daily and prn as ordered Pt. has required O_2 adjustments due to changes in O_2 sats. X3 this certification period. Patient also had a drop in heart rate X2 noted on A/B monitor requiring close monitoring of vital signs. Pt. had 2 seizures this certification period requiring calls to M.D. and adjustment of medications.

17. Functional Limitations (Expand From 485 and Level of ADL) Reason Homebound/Prior Functional Status

Pt. needs assistance with all ADL's, needs assistance to sit and tires very easily due to respiratory failure.

18. Supplementary Plan of Treatment on File from Physician Other than Referring Physician: ☐ Y ☐ N
(If Yes, Please Specify Giving Goals/Rehab. Potential/Discharge Plan)

19. Unusual Home/Social Environment Lives with single mother who works 8 hours/day and has 2 other children. Occassional assistance form grandparents and neighbot for emergency back-up and erran

20. Indicate Any Time When the Home Health Agency Made a Visit and Patient was Not Home and Reason Why if Ascertainable	21. Specify Any Known Medical and/or Non-Medical Reasons the Patient Regularly Leaves Home and Frequency of Occurrence

22. Nurse or Therapist Completing or Reviewing Form: Karen Goodnurse RN | Date (Mo., Day, Yr.): 10/15/98

Form HCFA-486(C3) (4-87) PROVIDER

Illustration 9-7 – Sample HCFA-486 for PDN

- **Renewal Decision:** The HCI Unit determines whether to continue, change or terminate care. The Unit will:

  - Send you written notification of its decision within three workdays of receiving all needed information. A copy of the notification is also sent to the patient and the attending physician. When services are modified or terminated, the notification includes the reason for the change and, if appropriate, allows the patient an opportunity to request a reconsideration of the decision.

  - Initiate any needed changes in the prior approval information in the EDS claims system.

9.12 Changing Agencies

A change in the provider agency may occur due to the patient exercising his freedom of choice of providers, the inability of the agency to continue care or for other reasons. Coordinate the transfer of care with the attending physician and others who are involved in the patient's care.

The *new provider*:

- Coordinates the date that PDN will change to its agency with the PDN agency that it is replacing to avoid duplication of service.

- Obtains physician's orders to provide the services. Be sure that the orders state:

  - The estimated amount, frequency and duration of the service (such as, 8 hours per day, 7 days per week for 30 days).

  - The start date of PDN with your agency.

  - The expected nursing interventions with the frequency of those interventions specified.

  NOTE: *You may begin PDN services based on verbal orders that contain the above information. The verbal orders must be verified and documented according to Home Care Licensure rules. Signed orders must be obtained according to those rules.*

- Sends the HCI Unit written notification of the transfer within five workdays after the transfer with a copy of the physician's orders. The letter must contain the new agency's PDN provider number, the date that the new agency began care, the name of the person in the previous agency with whom you coordinated the change, and the name and phone number of the new agency's contact person. If the new agency started PDN based on verbal orders and is still waiting for signed orders, send a copy of the RN's documentation of the verbal orders.

The *former provider* sends the HCI Unit a discharge summary that indicates the last day that it provided PDN.

9.13 Terminating PDN

The patient, the attending physician, the provider agency or DMA, may initiate terminations.

- If your agency discharges the patient, notify the HCI Unit in writing of the date of discharge and the reason for discharge. If the attending physician initiates the discharge, include documentation of the contact with the physician. The HCI Unit will send you a letter confirming receipt of the information and the end date of PDN approval.

- If your agency discharges the patient from Medicaid PDN coverage because there is another source of nursing care coverage, notify the HCI Unit in writing of the last date that PDN will be billed and the

name of the other source of coverage. The HCI Unit will send you a letter confirming receipt of the information and the end date of the PDN approval.

- If the HCI Unit initiates the termination because the patient appears to no longer need the service, it will send written notification to your agency, the patient and the attending physician. The notification includes the reason for the action and, if appropriate, allows the patient an opportunity to request a reconsideration of the decision. It also includes the last date that services will be paid.

9.14 Providing Medical Supplies

As an enrolled PDN provider, you may be paid for covered medical supplies used during the provision of PDN to DMA-approved PDN patients. The supply must be:

- An item included in the Home Health Services medical supply list on the Medicaid Home Health fee schedule.
- Medically reasonable and necessary for the treatment of the patient's illness or injury; and
- Specifically ordered by the patient's physician on the patient's plan of care.

CAUTION: *Medical supplies may not be provided to a patient by your agency at the same time that they are being provided to the patient as a Home Health Service. Either your agency provides the supplies or they are provided by a home health agency as a Home Health Service.*

9.15 Getting Paid

The instructions for filing claims are in Section 14. The key points to keep in mind when filing PDN claims follow.

9.15.1 What May Be Billed

You may bill Medicaid for the time spent by the licensed nurse providing nursing care to the patient when the service is provided according to Medicaid policies and procedures. Billed time is not to exceed the number of hours per day and days per week approved by DMA.

You may also bill medical supplies according to the policy in 9.14.

9.15.2 Units of Service

PDN: You provide and bill PDN in one hour units.

Medical Supplies: Supplies are paid by item according to the quantity provided. Note that some items are priced individually as well as by the package. Your agency is to provide and bill for items in the most cost-effective manner.

9.15.3 Payment Rate

Your payment is calculated based on the lower of your billed usual and customary charges, and the Medicaid maximum allowable rate.

9.15.4 Filing a Claim

Use a UB-92 for your claim. Follow the instructions in Section 14.

PDN Q & A

The following includes some of the common questions about providing PDN and the answers to those questions.

1. **Q.** May I bill for the time the nurse spends traveling to and from a patient's home?

A. No, you may not bill for travel time. The cost of travel is part of your overhead costs for providing the service.

2. **Q.** An LPN is providing the service. May I bill for the RN's time supervising the LPN?

A. No, you may not bill for supervisory time. The cost of supervision is part of your overhead costs for providing the service.

3. **Q**. May a nurse accompany a patient to activities outside of the home?

A. Yes, the nurse may accompany the patient when the patient's normal life activities (such as a child attending school) take the patient outside of the home.

4. **Q.** Must the nurse accompany a patient to activities outside the home?

A. No. The decision on whether to accompany a patient outside of the home is between the provider agency, the nurse and the patient.

5. **Q.** If we receive prior approval for PDN effective 5/15, but later discover that the patient is not eligible for Medicaid until 6/3, may we bill for services beginning 5/15 based on the prior approval?

A. No, the prior approval authorizes only service delivery. It does not guarantee a patient's Medicaid eligibility. See 9.5, Step 6.

6. **Q.** A patient is taken to the hospital emergency room and later admitted. The family asks the PDN nurse to stay with the patient at the hospital. May we bill for the nurse's time at the hospital?

A. No. PDN is not covered while a patient is being observed or treated in a hospital, including the emergency room. The hospital/facility is being reimbursed by Medicaid for the patient's care.

7. **Q.** A physician has asked us to provide PDN for patients in nursing homes and rest homes. May these patients be considered for PDN?

A. No. A patient must live in a private residence to receive PDN. Patients in adult care homes such as rest homes, group homes and family care homes as well as patients in nursing facilities, ICF/MRs and other inpatient facilities are not eligible.

8. **Q.** A patient needs 12 hours of skilled nursing care a day. Would it be appropriate to bill one home health skilled nursing visit and 10 hours of PDN?

A. No. A home health visit is for a nurse to accomplish specific tasks, not for continuous nursing care. The 12 hours should be provided as PDN.

9. **Q.** Are there instances when two agencies may be paid for a patient on the same day? For example, the patient selects a new agency and wants the change to occur at the 11:00 p.m. change of shift.

A. No. Only one PDN agency may be paid within a calendar day (midnight to midnight).

10. **Q.** A PDN patient’s parents would like to vacation out of town for the weekend and have asked for an increase in hours to cover their absence. May we provide the additional hours?

A. No. PDN does not provide respite care.